2025–2026 CAHPS Adult Survey Results Summary

Wyoming Department of Health (WDH), Division of Healthcare Financing (DHCF)

June 24, 2026

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1 CAHPS Adult Survey Summary

The Wyoming Department of Health (WDH), Division of Healthcare Financing (DHCF), partnered with Public Knowledge® (PK) to administer the 2025-2026 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey to members in the Adult Medicaid Program.

The CAHPS Health Plan Survey is a standardized survey developed by the Agency for Healthcare Research and Quality (AHRQ) to collect information about Medicaid members experiences with their health plans and the care they receive. The survey collects information about key aspects of healthcare including access to services, provider quality, plan quality, communication, and frequency of care. Wyoming Medicaid uses the CAHPS survey results to better understand the experiences of their members, monitor health plan performance, and identify opportunities to improve the quality of care provided to members.

The AHRQ survey was used for distribution with no modifications. The survey consisted of 39 quantitative questions to allow for precise data analytics. The questions focused on:

- Member health in the last six months
- Frequency and quality of medical care received by members from specialists and personal doctors
- Member experience with their health plan's customer service
- Frequency of members' cigarette and tobacco use as well as if members were advised to quit smoking or using tobacco and if their doctor or health provider recommended using medication to do so
- Utilization of primary care services and personal doctors
- Members' age category, gender, education level, and race

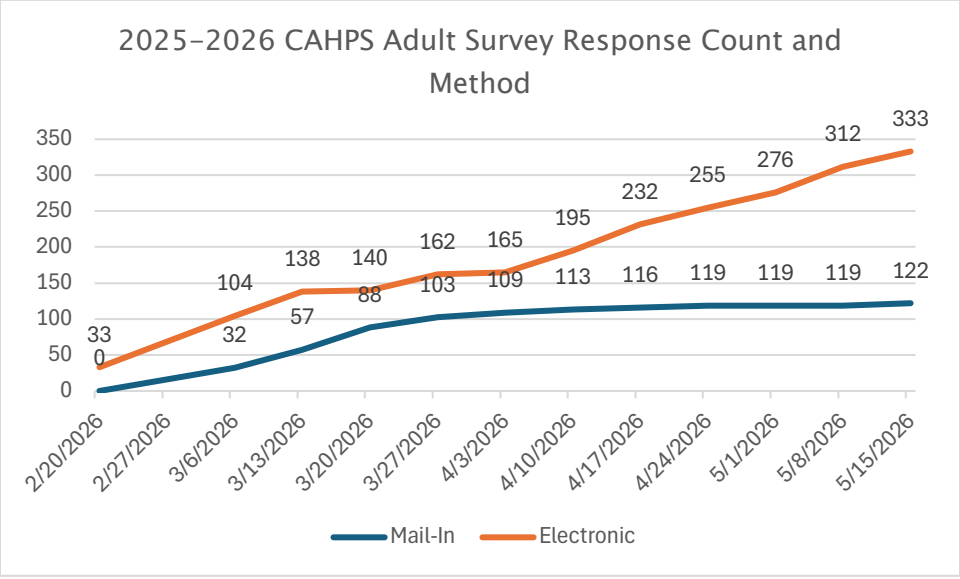
A random sampling of Medicaid members were selected to receive the survey. Survey participants received an initial email with a link to complete the survey as well as a hard copy delivered by mail. This allowed participant flexibility in how they chose to complete the survey. The survey remained open from February 13, 2026 to May 15, 2026. During that time, DHCF distributed twelve email reminders and eleven text message reminders to encourage participation. Survey distribution information is detailed in **Table 1.**

Table 1. CAHPS Adult Survey Distribution

Date Electronic Survey Opened	February 13, 2026
Date Electronic Survey Closed	May 15, 2026
Members Who Received Survey	2,885
Minimum Number of Valid Responses	411
Total Valid Responses Received	**455**
Electronic Valid Responses	333
Mail-In Valid Responses	122

Figure 1 demonstrates the cumulative number of CAHPS Adult Survey responses received by submission from February 20, 2026 to May 15, 2026. Survey reminders were distributed every Friday by email and text message during the survey window. Electronic responses increased steadily throughout the survey period, rising from 33 responses on February 20 to 328 responses on May 15. Mail-in responses grew more quickly during the early weeks of the survey, increasing to 88 responses on March 20 before leveling off and reaching 122 total responses on May 15.

Figure 1. Count and Method of CAHPS Adult Survey Response Rates



2 Overview of CAHPS Survey Results

Survey results and findings are detailed in this section along with an interactive dashboard of the 2025-2026 CAHPS Adult Survey Results . The dashboard features detailed respondent answers and data graphics.

Table 2 provides results for key indicators of the overall health plan effectiveness and respondent satisfaction. The survey results indicate positive performance across all measured areas, with the highest ratings reported for personal doctors (87.0%) and specialists (84.0%). Measures related to care access and coordination, including receiving needed care (83.4%) and coordination of care (84.1%), also scored well. Satisfaction with overall health plans scored lowest (64.1%); a 5% decrease from 2024.

Table 2. CAHPS Survey Results

Measure	2025-2026
Health Plan Rating* (Q28)	64.1%
Health Care Rating in Past Six Months* (Q8)	75.9%
Personal Doctor Rating* (Q18)	87.0%
Specialist Rating* (Q22)	84.0%
Customer Service Rating** (Q25)	78.0%
Receiving Needed Care** (Q4)	83.6%
Coordination of Care** (Q9)	84.1%

Key

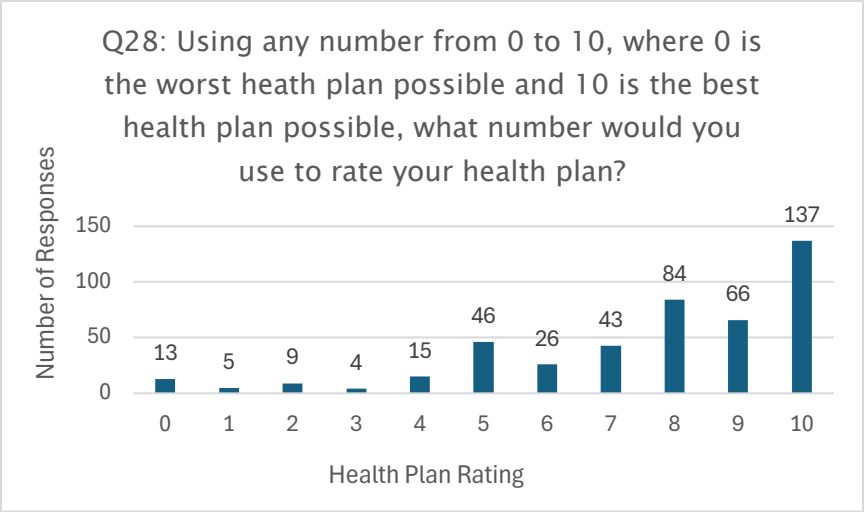
* % based on ratings of 8-10

** based on ratings of "Usually" or "Always"

2.1 Summary Question Results

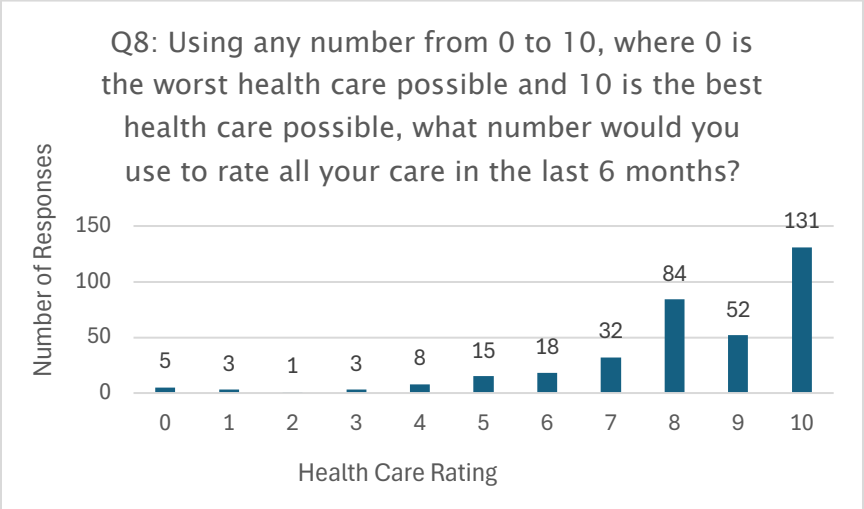
Figures 2 through **8** show the response data for each of the "Key Indicator" questions identified in **Table 2**.

Figure 2. CAHPS Adult Survey Q28 Results



Health Plan Rating. Question 28 asked members to provide an overall rating for their health plan. Out of the 448 member responses, nearly two-thirds of members (64.1%) rated their health plan an 8 or higher, including 137 respondents who selected the highest possible rating of 10. An additional 25.7% of respondents provided mid-range ratings (5-7), while only 10.3% rated their plan a 4 or lower. Overall, the distribution suggests generally positive member perceptions of their health plans.

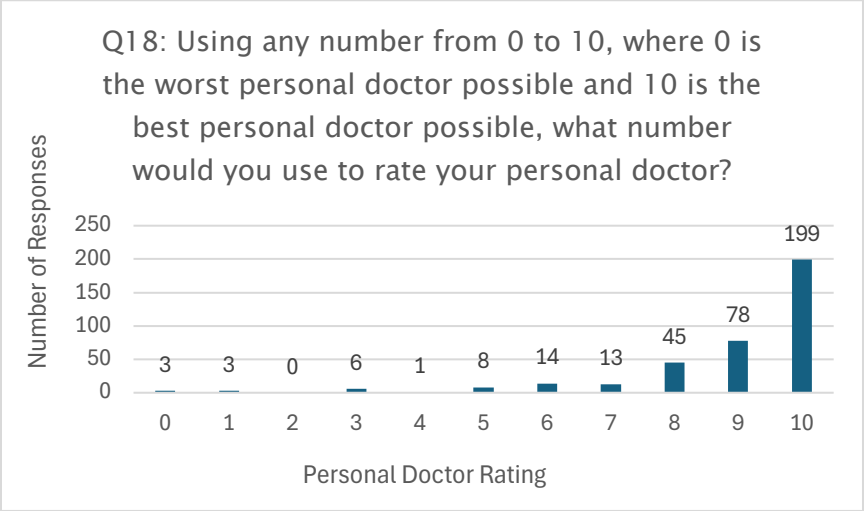
Figure 3. CAHPS Adult Survey Q8 Results



Healthcare Rating. Question 8 asked members to rate their overall healthcare from the past six months. Out of the 352 member responses received for Q8, 267 respondents (75.9%) rated the health care they received over the past six months as an 8 out of 10 higher, including 131 respondents who gave the highest possible rating of 10. Another 65

respondents (18.5%) provided mid-range ratings between 5-7 and 20 (5.7%) rated their healthcare as a 4 or below.

Figure 4. CAHPS Adult Survey Q18 Results



Personal Doctor Rating. Overall experiences with respondents' personal doctors were asked in Question 18. Out of the 370 responses 322 of them rated their personal doctor an 8 or higher, including 199 respondents who selected the highest possible rating of 10. An additional 35 respondents (9.5%) provided mid-range ratings between 5 and 7, while the remaining 13 (3.5%) rated their personal doctor a 4 or lower. Results reflect a consistently strong assessment of respondents' personal doctors.

Figure 5. CAHPS Adult Survey Q22 Results

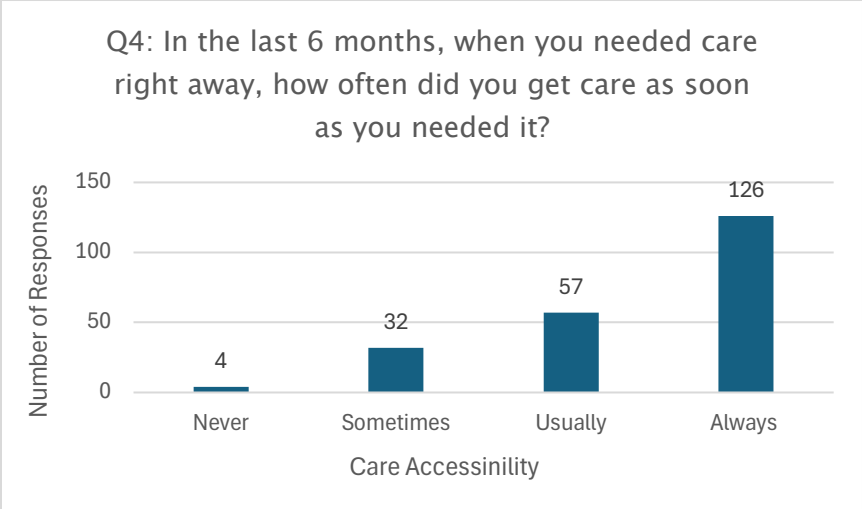
Specialist Rating. Question 22 gathered information pertaining to specialists visited in the past six months. Out of the 238 responses to Q22, 200 respondents (84.0%) rated the specialist they saw most often in the past 6 months an 8 or higher. An additional 21

member respondents (8.8%) provided ratings between a 5 and 7, while the remaining 17 rated this specialist a 4 or below.

Figure 6. CAHPS Adult Survey Q25 Results

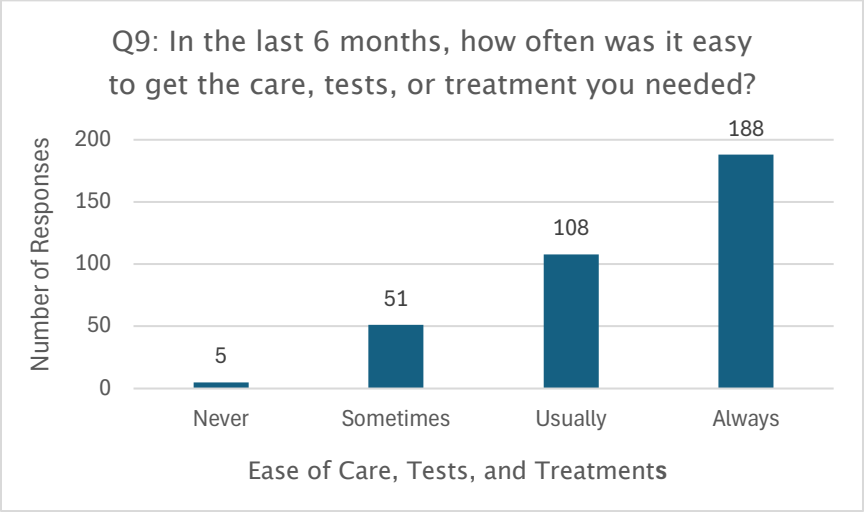
Customer Service Experiences. Question 25 asked respondents about their experience with health plan customer service support. Of 369 member responses to Q25, 288 respondents (78.0%) indicated that their health plan's customer service either always or usually treats them with courtesy and respect. This includes 208 respondents who selected "Always". An additional 31 respondents (8.4%) reported "Sometimes", while 50 respondents (13.6%) reported "Never". Responses show a clear majority of positive experiences among Medicaid members, though a notable share of respondents reported inconsistent or negative interactions with customer service.

Figure 7. CAHPS Adult Survey Q4 Results



Care Accessibility. Question 4 asked respondents about their ability to receive prompt care when needed during the past 6 months. Of 219 responses to Q4, 183 (83.6%) reported that they always or usually received care as soon as they needed it within the past six months, including 126 respondents who selected "Always". An additional 32 respondents (14.6%) indicated "Sometimes", while 4 respondents (1.8%) reported "Never". Responses indicate generally timely access to care for most members, with a relatively small share reporting delays in receiving care when needed.

Figure 8. CAHPS Adult Survey Q9 Results



Ease of Care, Tests, and Treatments. Question 9 evaluated the level of ease members experienced when receiving care, tests, or treatment. Of the 352 member responses received for Q9, 296 (84.1%) indicated that it was usually or always easy to get needed care, tests, or treatment. This includes 188 respondents who selected "Always". An additional 51 respondents (14.5%) indicated "Sometimes" and 5 (1.4%) reported "Never". Results reflect generally strong ease of accessing needed services, with a high number of "Always" responses and minimal reporting of persistent access issues.

3 Care Frequency Data

This section summarizes how frequently Adult Medicaid members interacted with different healthcare systems. Survey results indicate that a large majority of respondents had recent interactions with healthcare services with 78.7% receiving healthcare at least once in the past 6 months and 73.6% scheduling routine appointments.

Interactions with personal doctors was notably high, with 85.7% of respondents reporting a visit with their doctor. A high number of respondents reported receiving care from providers beyond their personal doctor at 74.3%. Specialist utilization, however, was lower

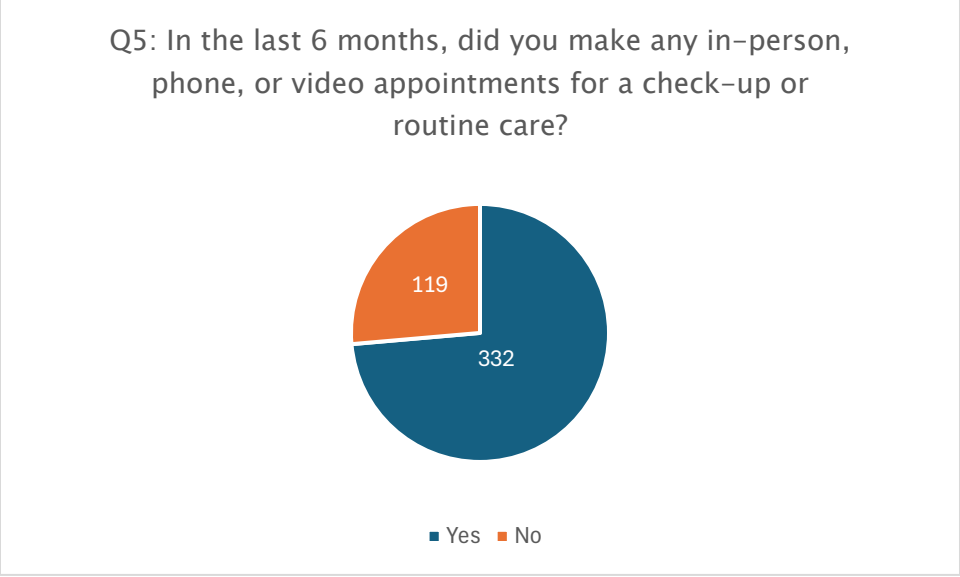
with only 54.2% of respondents reporting having seen a specialist provider. Together, these results provide insight into how Medicaid members interact with and access different types of healthcare services within their health plan. **Table 3** provides response data for care frequency.

Table 3. CAHPS Adult Survey Participants' Interactions with Healthcare Systems

Measure	Response
Participants who made in-person, phone, or video appointments for a check-up or routine care (Q5)	73.6%
Participants who received healthcare at least once within the past six months in-person, by phone, or by video (Q7)	78.7%
Participants who had a visit with their personal doctor in-person, by phone, or by video (Q11)	85.7%
Participants who received care from a doctor or health provider besides their personal doctor (Q16)	74.3%
Participants who made an appointment with a specialist (Q19)	54.2%

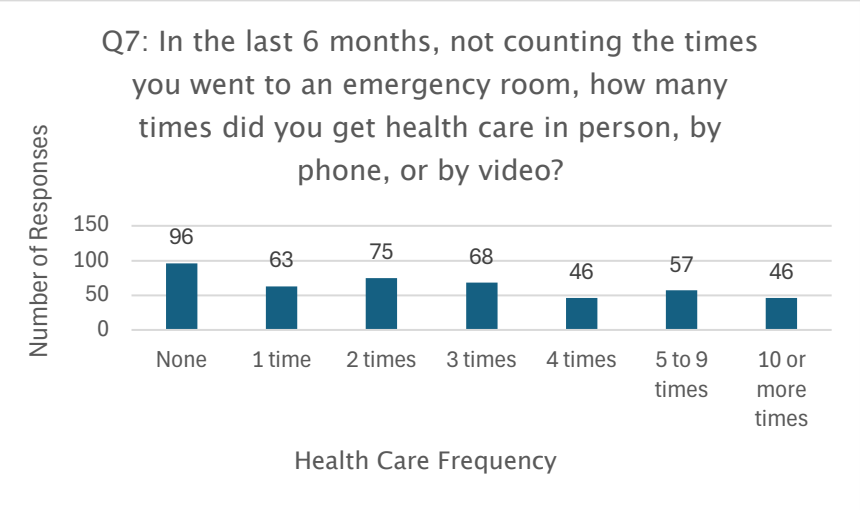
Figures 9 through 13 below demonstrate the health care measures represented in **Table 3** above. Each question has been separated for easy understanding.

Figure 9. CAHPS Adult Survey Q5 Results



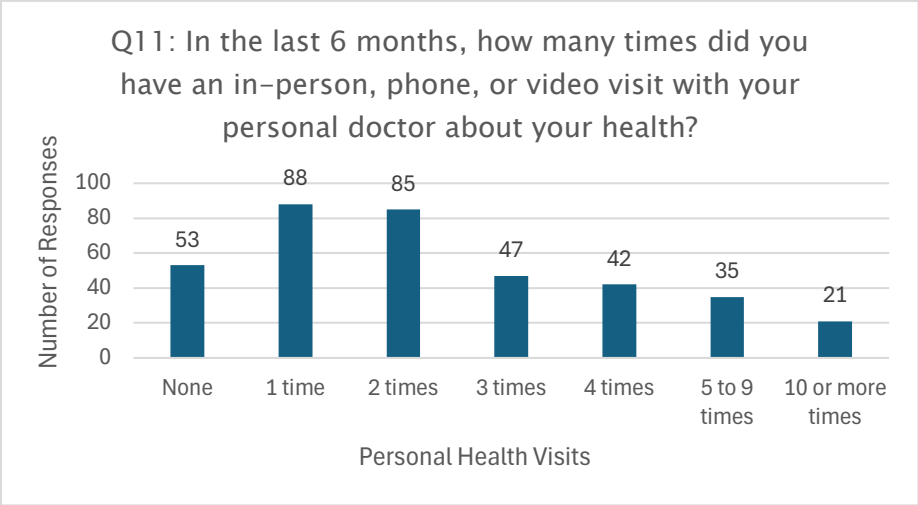
Routine Care Appointments. Question 5 examined the number of respondents who had made in-person, phone, or video appointments for check-ups or routine care. Of 451 responses to Q5, 332 respondents (73.6%) reported making an in-person, phone, or video appointment for routine care or a check-up within the past 6 months, while 119 respondents (26.4%) reported they did not. A majority of members had routine or preventative care during the reporting period. However, 25% of respondents reported no care interactions.

Figure 10. CAHPS Adult Survey Q7 Results



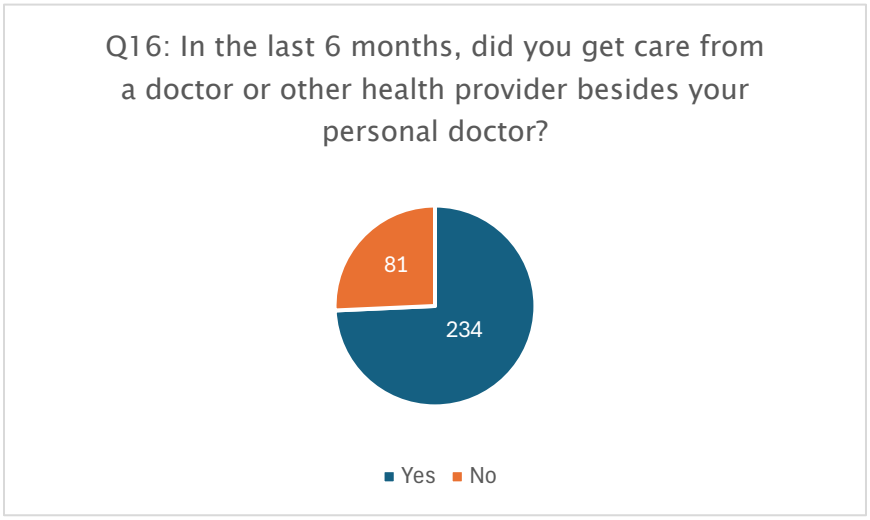
Healthcare Care Frequency. Question 7 measured the number of healthcare interactions by members in the past six months. Of the 451 member responses to Q7, 252 respondents (55.9%) reported receiving healthcare between one and four times in the past 6 months, while 103 respondents (22.8%) reported five or more visits. An additional 96 respondents (21.3%) stated that they did not receive any healthcare at all over the past 6 months. Most members had at least one interaction with the healthcare system, with major utilization clustered around moderate levels of use and smaller segment with no activity.

Figure 11. CAHPS Adult Survey Q11 Results



Personal Health Visits. Question 11 measured the frequency of in-person, phone, or video visits with members' doctors regarding personal health. Of the 371 respondents to Q11, 262 respondents (70.6%) reported seeing their personal doctor between one and four times in the past 6 months and 56 (15.1%) reported five or more visits. 53 respondents (14.3%) did not have any visits during the reporting period. Most members engaged with their personal doctor at least once, with utilization primarily occurring at moderate frequencies and a smaller share reporting more frequent or no visits.

Figure 12. CAHPS Adult Survey Q16 Results



Additional Provider Utilization. Question 16 quantified the number of visits members had with providers outside of their personal doctor. Of the 315 responses to Q16, 234 respondents (74.3%) reported receiving care from a doctor or other health provider outside of their personal doctor in the past six months. 81 respondents (25.7%) reported that they

did not receive any other outside care. A majority of members accessed care beyond their personal doctor, reflecting wide-spread utilization of additional provider types, while approximately 25% of respondents relied solely on their personal doctor during the reporting period.

Figure 13. CAHPS Adult Survey Q19 Results

Specialist Appointments. Question 19 quantified the number of appointments members made with a specialist in the past six months. Of the 454 responses to Q19, 54.2% reported making an appointment with a specialist within the past six months, while 45.8% reported that they did not. Results indicate that the utilization of specialist provider services was marginally more limited relative to other types of care, with responses more evenly distributed between those who did and those who did not utilize specialty healthcare services during the reporting period.

4 Findings and Recommendations

The section below details survey findings and high-level recommendations for the Wyoming Medicaid Adult health plan based on the 2026-2027 CAHPS survey results.

4.1 Medicaid Program Findings

4.1.1 Overall Member Health

The overall 2025-2026 CAHPS Adults survey results indicate that Adult Medicaid members reported generally positive experiences with their healthcare, particularly related to access, provider quality, and continuity of care. A majority of respondents rated their healthcare, personal doctors, and specialists favorably, with 75.9% rating their care an 8 or higher and 87.0% rating their personal doctor an 8 or higher. Care access was also rated strongly with 83.6% of respondents reporting that they usually or always received care as soon as necessary and 84.1% stating they obtained care, tests, or treatment was reasonably easy. Consistent access to care and positive interactions with healthcare professionals was consistently strong across survey results.

Key findings related to member health experiences and health plan quality include:

- **Strong provider ratings.** Personal doctors (87.0%) and specialists (84.0%) received consistently high ratings, indicating positive member experiences with individual healthcare professionals.
- **Positive access and timeliness measures.** Over 80% of respondents reported timely access to care and ease of obtaining needed services.
- **Moderate variation in care utilization.** Most members (55.9%) reported 1-4 healthcare visits, while 22.8% reported higher utilization (5 or more visits), and 21.3% reported no visits.
- **Moderately limited specialty care use.** Member engagement with specialists was moderately lower relative to primary care, with a more even distribution between those who did and those who did not see a specialist during the reporting period.

Table 4 provides detailed information on the question and ratings of overall health along with corresponding recommendations and justifications, while **Figure 14** compares the 2025-2026 results for Overall Member Health with those from the 2024-2025 survey.

Table 4. Overall Health

Question	Survey Results	Corresponding Recommendations	Justification for Recommendations
Q29. In general, how would you rate your overall health?	63.1% of respondents rated their health as good, very good, or excellent.	Expand preventative, primary care participation strategies through outreach, health literacy initiatives, and care management programs for members reporting lower health status.	36.9% of respondents reported their overall health as less than good, indicating an important opportunity to improve member outcomes through increased engagement in preventative care, chronic condition managements, and health education.
Q30. In general, how would you rate your overall mental or emotional health?	63.1% of respondents rated their mental or emotional health as good, very good, or excellent.	Enhance access to behavioral healthcare services through integrated care models, expanded provider networks, and proactive screening and referral processes in the primary care setting.	36.9% of respondents rated their mental or emotional health below good, showing a need for expanded behavioral healthcare and earlier identification of member needs. Strengthening the coordination between physical and behavioral health services can improve overall outcomes and continuity of care.

Figure 14. Overall Member Health 2024-25 to 2025-26 Comparison

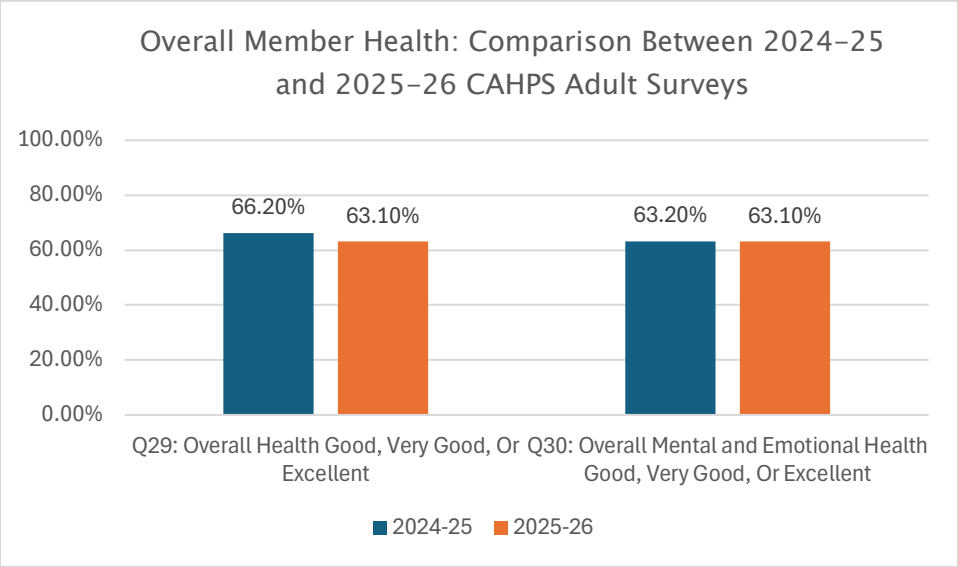


Figure 14 compares the 2025-2026 results for Overall Child Health with those from the 2024-2025 survey.

Overall Member Health. The percentage of member respondents who reported their overall health as good, very good, or excellent decreased by 3.1% between the 2024-2025 survey and the 2025-2026 survey. The percentage of member respondents who reported their mental health as good, very good, or excellent maintained at the same level from the 2024-2025 survey. Overall, most member respondents reported that their overall and mental health is in at least good standing for both surveys.

4.1.2 Recommendations

A majority of Adult Medicaid members reported positive overall and mental health (63.1% for both), with more than 30% of respondents rating their health below "good". However, this is a decline compared to the 2024-2025 results, suggesting a modest downward trend in perceived physical health. These results demonstrate an opportunity to strengthen preventative care and expand access to behavioral health services to support members with additional physical and mental health needs.

Purposeful strategies to improve early identification of health needs and access to supportive services can improve health outcomes and member experiences with their health plans. These strategies are consistent with survey findings and evidence-based Medicaid program best practices.

Based on these results, the Adult Medicaid program should consider the following actions:

- **Expand Preventative Care Engagement and Chronic Disease Management.** Implement targeted outreach initiatives, including care management and population health to increase awareness and utilization or primary and preventative care services (e.g., screenings, vaccinations, chronic condition management, routine health visits).
- **Strengthen Care Coordination for Members with Ongoing Health Needs.** Prioritize efforts to expand care management and case management focused on members with multiple diagnoses or repeat utilization. 36.9% of respondents rated their overall and mental health below "good", and utilization patterns show that 22.8% of members had five or more health care visits while 74.3% accessed care beyond their personal doctor. Expanding care coordination efforts can improve continuity of care and ensure identified needs are addressed more promptly and consistently.
- **Expand Access to Behavioral Health Services and Referral Pathways.** Target behavioral health availability through provider network expansion, telehealth options, provider education, and improved referral processes from primary care. With 36.9% of respondents reporting their emotional health below "good", this focus on access and care coordination for behavioral health services is critical to improving overall member outcomes.
- **Improve Specialty Care Access and Navigation.** 74.3% of respondents reporting receiving care outside of their personal doctor and only 54.2% reported seeing a specialist, indicating a disconnect between specialty care and utilization. By improving specialty care navigation, members can more efficiently utilize specialty services and receive the care required for more complex healthcare issues.

4.1.3 Tobacco and Smoking Cessation

The CAHPS survey collects information on tobacco and smoking among Adult Medicaid members. Survey results related to tobacco use and cessation suggest that tobacco use is not frequent among respondents within the survey reporting period. 74.8% of respondents in 2025-2026 reported no use of tobacco which is consistent with respondents from 2024-2025 (74.5%). Among those who reported using tobacco (24.1%), provider engagement cessation support was limited with 76.3% reporting never having received a medication recommendation to assist with quitting. Additionally, 79.3% of respondents indicated cessation strategies had not been discussed beyond medication. Even though overall tobacco use is low among respondents, these findings suggest that opportunities exist to strengthen provider-driven cessation.

Figure 15 compares the 2025-2026 results for Tobacco and Smoking Cessation with those from the 2024-2025 survey.

Figure 15. Tobacco and Smoking Cessation Comparison Between 2024–25 and 2025–26

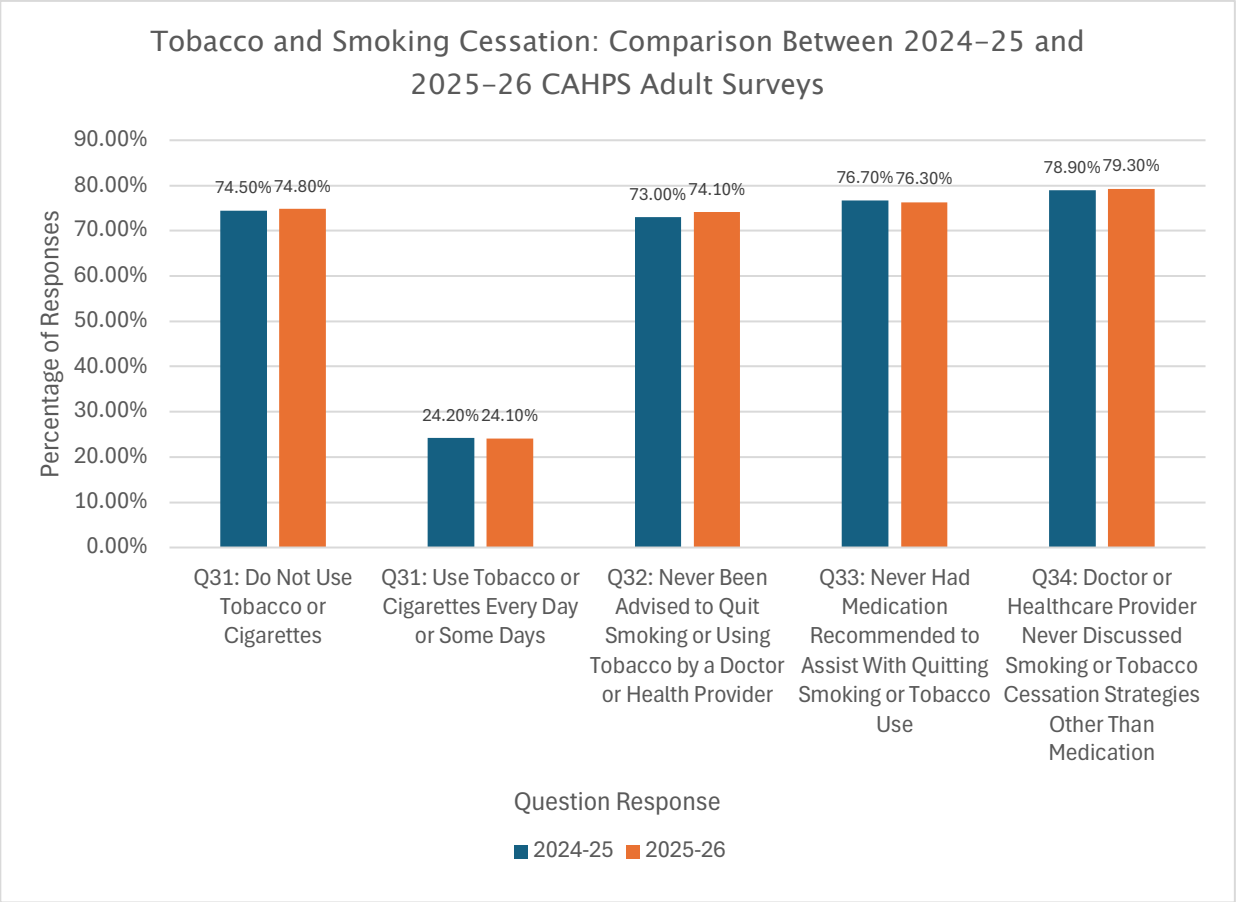


Table 4. Tobacco and Smoking Cessation

Question	Survey Results	Corresponding Recommendations	Justification for Recommendations
Q3. Do you currently smoke cigarettes or use tobacco every day, some days, or not at all?	74.8% of respondents indicated that they do not use tobacco or cigarettes. 24.1% use tobacco or smoke cigarettes every day or some days.	Implement a standardized approach to tobacco use screening with providers and enhance supportive cessation resources (e.g., help/quit-lines, counseling, and pharmacotherapy)	24.1% of respondents reported current tobacco use and require cessation support. Comprehensive screening and referral processes are widely recommended to support identification and timely cessation interventions.
Q32. In the last six months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?	74.1% of respondents indicated that they have never been advised to quit smoking or using tobacco by a doctor or health provider.	Enhance provider screening resources through standardization and intervention protocols to ensure consistency in cessation support during appointments.	74.1% of respondents reported receiving no advice to quit, suggesting inconsistent cessation counseling standards. Even brief provider cessation encounters can significantly increase attempts to quit and cessation rates.
Q33. In the last six months, how often was medication recommended or discussed by a health provider to assist you with quitting?	76.3% of respondents indicated that they have never had medication recommended by a doctor or health provider to assist them with quitting smoking or using tobacco.	Increase the use of evidence-based cessation medications in the healthcare setting by providing resources to healthcare professionals.	76.3% of respondents reported never having discussions about cessation medications with their doctor, indicating a gap in cessation intervention in the clinical setting.

Table 4. Tobacco and Smoking Cessation

Question	Survey Results	Corresponding Recommendations	Justification for Recommendations
Q34. In the last six months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco?	79.3% of respondents indicated that their doctor or healthcare provider did not discuss methods or strategies other than medication to assist them with quitting smoking or using tobacco.	Expand support for healthcare provider cessation counseling and resources, including quit-lines, counseling services, and structured cessation programs.	79.3% of respondents reported not having discussions with their doctor about non-medication cessation strategies. This indicates a need for further awareness and resources.

4.1.4 Recommendations

Most Adult Medicaid survey respondents reported they do not use tobacco (74.8%). However, a modest but meaningful percentage of respondents reported current use (24.1%). Provider engagement in cessation among the respondent group was limited with nearly two thirds of respondents reporting not being advised to quit (74.1%) or having discussions about cessation medications (76.3%). The survey findings suggest that while tobacco use among the respondent group was not widespread, there are notable opportunities to enhance provider-driven cessation interventions during routine healthcare encounters.

These intervention gaps are important as interventions in the healthcare setting are strong drivers of successful tobacco cessation. This gap in reported provider engagement, particularly as it pertains to advising patients to quit smoking and directing them to supports, may be negatively impacting attempts to quit and long-term cessation success among Medicaid members. Expanding access to cessation resources for providers can improve intervention and follow-up with this population.

Based on the survey findings, the Medicaid program should consider the following actions:

- **Support Routine Tobacco Use Screening.** Provide resources and support for enhanced screening for Medicaid patient encounters to consistently identify current tobacco users.
- **Expand Healthcare Provider Cessation Resources.** Expand resources and support tools for healthcare providers on cessation strategies and support. This includes quit lines, medication protocols, and cessation counseling.
- **Increase Patient Education and Engagement.** Support access to enhanced patient materials on tobacco risks and cessation strategies through settings such as hospitals, doctors' offices, and other clinical locations.
- **Promote Non-Medication Strategies.** Encourage providers to discuss behavioral and social support options alongside medication and address the connection between tobacco use and mental.

4.1.5 Access to Care

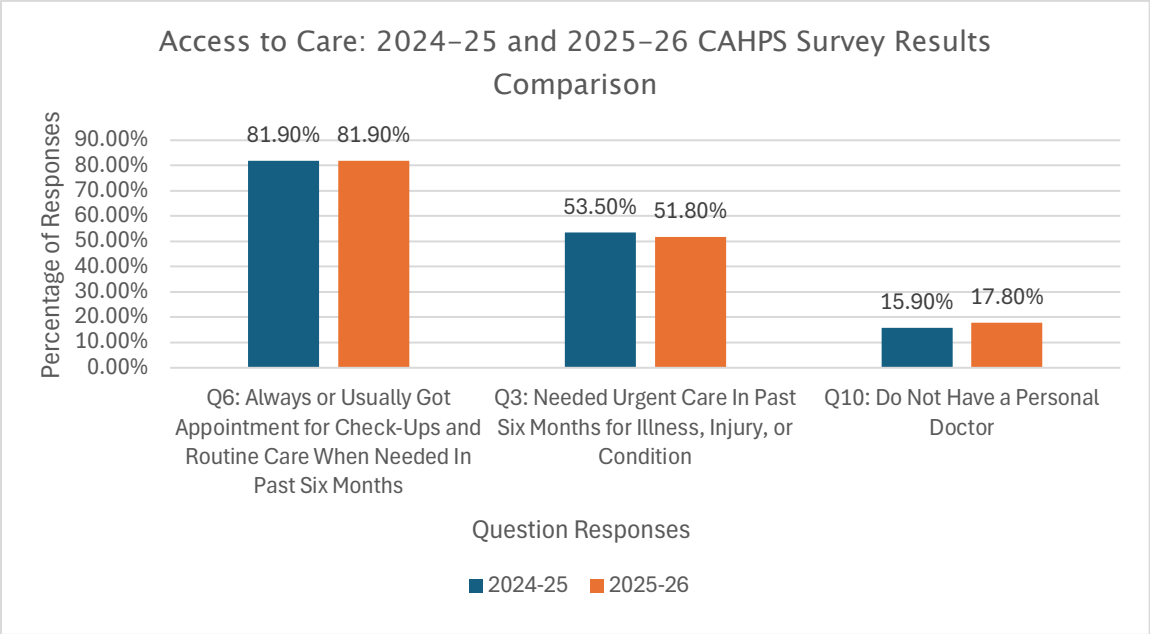
Respondent access to healthcare is evaluated in the survey through a series of different questions related to frequency, personal recent health history, and healthcare provider encounters. Most respondents indicated timely access to routine care and positive connection to a primary care doctor or provider. However, there are modest but meaningful gaps across other important access areas. 81.9% of respondents reported usually or always obtaining routine care appointments as soon as they needed, however 18.1% reported not being able to do so. This indicates an inconsistency in access to scheduled care. Of the respondents, 51.8% reported experiencing a need for urgent care within the past six months which demonstrates the importance of access to timely care for acute needs. While 82.2% of respondents reported having a personal doctor, 17.8% did not, demonstrating that a portion of respondents may lack routine and reliable access to care.

Table 5 presents an overview of Adult Medicaid members' perspectives on urgent care, primary care physicians, and routine care, along with corresponding recommendations and justifications for said recommendations. **Figure 17** provides a comparison of 2024-2025 CAHPS survey responses to the questions listed in **Table 5** to the 2025-2026 responses.

Table 5. Access to Care

Question	Survey Results	Corresponding Recommendations	Justification for Recommendations
Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed? **Q3.** In the last 6 months, did you have an illness, injury, or condition that needed care right away?	81.9% of respondents indicated that they always or usually get an appointment for check-ups and routine care when needed. 51.8% of respondents indicated that they have had a need for urgent care.	Enhance care coordination and continue efforts to expand provider networks, specifically in especially rural or vulnerable population areas.	51.8% of respondents indicated they needed acute treatment in the past six months. Additionally, although 81.9% of respondents reported timely access to routine healthcare appointments when needed, 18.1% did not, indicating that a subset of respondents experience gaps or delays in obtaining routine care.
Q10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or gets sick or hurt. Do you have a personal doctor?	17.8% of respondents indicated that they do not have a personal doctor.	Increase member connection to a personal doctor through targeted outreach and engagement processes that support primary care relationships.	17.8% of respondents indicated they do not have a personal doctor, suggesting a gap in members who access routine primary care with a single healthcare provider. Establishing routine care relationships is associated with increased preventative care usage and better overall health outcomes.

Figure 16. Access to Care 2024-25 to 2025-26 Comparison



Survey respondents indicate a generally strong sense of access to routine and primary healthcare services. 81.9% of respondents reported timely access to routine appointments and 82.2% stated they had a personal doctor. Unfortunately, some respondents did not feel they received timely care, with 18.1% reporting they did not receive timely care and 17.8% who are not connected to a personal doctor. Over half (51.8%) of respondents reported needing acute care, showing the importance of ensuring members can access timely care for both routine and urgent healthcare needs.

5 Recommendations

Based on the survey data, the Medicaid program should consider the following steps:

- **Expand Provider Networks.** Increase the availability of primary care providers and specialists, particularly in rural or underserved areas, to enhance access to timely and routine appointments.
- **Strengthen Statewide Member Connection to Primary Care.** Implement primary care initiatives for all Medicaid members across the state that promotes the importance of having a personal doctor and receiving routine primary care.
- **Target Outreach to Rural and Vulnerable Populations:** Assess and address barriers to routine care and personal doctor relationships such as transportation, language barriers, or education.

5.1 Areas of Strength

Five survey questions emerged as areas of strength for the overall Wyoming Medicaid program. These strengths primarily relate to access to care, testing, and treatment, as well as doctors' active listening and effective communication skills. Results suggest that most Adult Medicaid members have reliable access to routine care however, there are opportunities for improvement as well with a small but notable subset of respondents reporting they do not have a personal doctor and experience issues with timely care appointments. **Table 6** details additional identified strengths and survey results.

Table 6. Areas of Strength

Question	Survey Results
Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed it?	83.5% of respondents said they received care always or usually as soon as they needed.
Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	84.1% of respondents said they always or usually got the care, tests, or treatment they needed.
Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	93.3% of respondents reported that their personal doctor always or usually explained health-related information in a way that was easy to understand.
Q13. In the last 6 months, how often did your personal doctor listen carefully to you?	91.8% of respondents said their personal doctor always or usually listened carefully to them.
Q14. In the last 6 months, how often did your personal doctor show respect for what you had to say?	95.4% of respondents said their personal doctor always or usually showed respect for what they had to say.

5.2 Areas of Opportunity

In addition to the opportunities noted in individual sections of the results, two areas of overall program improvement emerged. Although the survey yielded positive results, areas for improvement exist in health plan ratings and customer service ratings. **Table 7 provides** detailed information and recommendations for the Medicaid program.

Table 7. Areas of Opportunity

Question	2025–2026
Q28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	64.1% of respondents rated their health plan as an 8 out of 10 or above
Q25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	78.1% of respondents reported that their health plan's customer service always or usually treated them with respect

6 Methodology

Survey results were evaluated using multiple methods. Quantitative data was collected through both paper and electronic surveys, with follow-up reminders sent via email and text messages. The survey was open from February 13, 2026, to May 15, 2026. Participants received an initial mailing of the survey along with an email containing the online survey link. Additionally, DHCF distributed twelve email reminders and eleven text message reminders throughout the data collection period to encourage participation.

The Adult CAHPS Survey targets adult Medicaid enrollees age 18 and older as part of the standardized national instruments developed under the CAHPS program. The eligible population for the Adult Medicaid survey consisted of individuals aged 18 and older as of December 31 of the measurement year. To qualify, participants must have experienced no more than one enrollment gap of up to 45 days within the continuous enrollment period. Participants were required to be actively enrolled at the time of survey completion. These criteria ensured that the survey targeted individuals with consistent Medicaid coverage during the specified period. The CAHPS Health Plan Survey remains part of the Medicaid Adult Core Set reporting requirements that are mandatory for states. The survey aimed to gather insights into participants' experiences with their health plans and identify areas for improvement, in accordance with Center for Medicare and Medicaid (CMS) requirements for the CAHPS survey. PK collaborated with the Department of Healthcare Financing (DHCF) to finalize the survey questions and coordinate distribution logistics.

Responses were consolidated into a standardized database for analysis. Upon completion of data collection, PK analyzed the responses and prepared a comprehensive report of the findings.

7 Conclusion

This report summarizes findings from the 2025–2026 CAHPS Adult Medicaid Survey for Wyoming, with data collected from February 20 through May 15, 2026, through online and mail-in responses from 2,885 sampled participants. The Survey was conducted through a partnership between the Wyoming Department of Health and Public Knowledge®. Response activity was concentrated in early April, with steady participation maintained through weekly reminders. Overall, the effort successfully achieved the minimum response rate, providing valuable insights into participant experiences within the Medicaid program.

Results indicate overall positive experiences with the Wyoming Medicaid program, with 87.0% of respondents rating their personal doctor 8 or higher, 84.0% reporting high ratings of their healthcare specialists, and over 80% indicating timely access and ease of obtaining care. However, the data also provides insights into areas of improvement for the Wyoming Medicaid program. 17.8% of members do not have a relationship with a personal doctor, 18.1% experience delays in care, and 21.3% had no healthcare visits in the past six months.

These survey findings offer concrete data for ongoing quality improvement efforts. Ongoing monitoring of important healthcare and health plan metrics, especially access, primary care connection, and customer service will be important to improving consistent and positive member experiences and health outcomes for the citizens of Wyoming.